

## Lithobezoar

A six-year-old boy presented with history of abdominal pain and constipation for two days. There were no other associated symptoms. He had no significant past medical illness, except pica for the past one year. His examination showed stable vital signs and mild pallor. His abdomen was soft but had poorly localized tenderness, maximally over the left ileac fossa. Bowel sounds were heard normally. No other abnormality was found on other systems. His plain X-ray abdomen revealed multiple radio opaque shadows filling the rectum and descending colon (*Fig. 1*). A few opacities were seen higher up also. On reviewing the history, the boy confessed



*Fig. 1. Plain X-ray abdomen demonstrating multiple radioopaque stones filling the entire lumen of rectum and sigmoid colon and multiple stones in the intestine.*

consuming stones for the past six months. With this history, these opaque shadows were assumed to be stones, swallowed by the child. To bring it out, plenty of oral fluids along with a laxative were administered, following which he passed 300-350 small stones (*Fig. 2*). A repeat plain X-ray of abdomen on the third day showed no more opacities.

Bezoars are concretions or hard masses that are found in the GIT of humans and animals. Lithobezoar is the presence of inorganic material inside the GIT. When the bezoar is in the small or large bowel, partial or complete intestinal obstruction and perforation have been reported. This boy was probably lucky to have had no such complications.

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*Fig. 2. Radiograph of stones passed out by the patient via naturalis after giving oral saline laxatives.*